

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Chaudhari et al.
Serial No. : 10/813,709 Examiner : Saint Cyr
Filed : March 31, 2004 Art Unit : 2626
For : METHOD AND APPARATUS FOR DETERMINING THE
IDENTITY OF A USER BY NARROWING DOWN FROM
USER GROUPS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

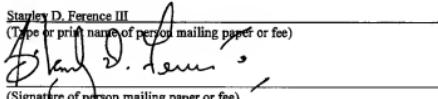
1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR
2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. Small Entity status of this application has been established by a verified statement previously submitted.
4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EPS Web on May 13, 2008.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR920040077US1
(590.131)

5. Also enclosed: _____
6. No additional filing fee is required.
7. The filing fee has been calculated as shown below:

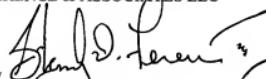
Total	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	RATE	FREE	O	R	OTHER THAN A SMALL ENTITY RATE	OTHER THAN A SMALL ENTITY FEE
Total Claims	29	- ** 29	= * 0	x \$25	=	O	x	\$50	= 0
Ind. Claims	3	- *** 3	= * 0	x \$105	=	O	x	\$210	= 0
<input checked="" type="checkbox"/> Multiple Dependent Claim Presented				+ \$185	=	O	+	\$370	=
				<u>TOTAL</u>	= \$ _____	O	R	<u>TOTAL</u>	= \$0 _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: May 13, 2008

Mailing Address:

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(412) 741-9292 - Facsimile